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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							105/4353/s		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		FILED	MUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(4))						Ĺ	OR		
		ninus 20 =			x 3		OR	x *=	
INDEPENDENT CLAIMS (37 CFR 1.16(N))	mhus 3 s		•		x		OR	X 8	
MULTIPLE DEPENDENT CLAIM PRESENT (ST CFR 1.16(6))					+3		OR	+=	
" If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									
8/30/0~/ (Cotumn 1)			(Column 7)	(Cotumn 3)	SMALL I	OR		R THAN ENTITY	
	CLAINS EMAINING AFTER ENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIDNAL FEE		RATE	ADOI- TIONAL FEE
AND Total Care Care Care Care Care Care Care Care		Minus -	28	•	× 4 =	-	OR	X \$ •	7
Z tadependent •	3	Minus	3	•	x 8=	7	OR	x s =	
PRIST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (17 CFR 1.18(4))					•;		OR	+5 =/	
					TOTAL ADOL FEE		OR	TOTAL ADOL SEE	
4/25/05 (Column 1) (Column 2) (Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AL RI	CLAIMS EMAINING AFTER ENDMENT	PR	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total .		Minus **	28	•	X\$ -		OR	X 8 -	
Total O GP GPR Listop V Independent GP GPR Listop	4	Winus	3	- 1	x s_ =		OR	x 200.	ಎಂರಿ.
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))					+: •		OR	+: •	
alular					TOTAL ADD'L FEE		OR	TOTAL ADOL FEE	200.
(Column 1) (Column 2) (Column 3)									
O RE	CLAIMS EMAINING AFTER ENDMENT	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total of characters of trideposedant of trideposed	16	Minus **	<i>ସ</i> ୪	• Ø	x •		OR	x \$=	
independent *	ა '	Minus	4	* (*)	x s=	·	OR	x s=	
FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (D7 CFR 1.10(d))					+3		OR	+ s=	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. 									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and sudmitting the completed application form to the USPTO. Then will very depending upon the individual case. Any comments on the amount of time you require to complete this form anolier suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.